



State of Rhode Island and Providence Plantations

Department of Administration

Office of Employee Benefits

(401) 222-3160

BASIC AND OPTIONAL GROUP TERM LIFE INSURANCE DIRECT REMITTANCE FORM

EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial	
Address	City	State	Zip code
Social Security Number	Department	Payroll Account Number	

LEAVE INFORMATION

Original Date of Leave:	_____	Anticipated Return to Work:	_____
Reason for Leave:	<input type="checkbox"/> Illness	<input type="checkbox"/> Sabbatical/Educational	
	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Academic Year	
	<input type="checkbox"/> Pregnancy/Parental	<input type="checkbox"/> Skipped Pay Period	
	<input type="checkbox"/> Personal	<input type="checkbox"/> Other (Explain) _____	
	Date of Injury _____		

COVERAGE INFORMATION

Period Covered		Number of Pay Periods	Basic Insurance Value	Optional Insurance Value	Employee Costs
Start	End				
			\$	\$	\$

Please make check payable to "R.I. GENERAL TREASURER" and submit it along with this form to your agency payroll office.

I understand that I am responsible for timely payment of my life insurance premium to my agency payroll office and that my policy will lapse if I do not submit payment as required. I understand that I will not be able to obtain the benefit provided by my life insurance policy if my policy lapses due to non-payment of premiums. I also understand that if I have not paid the premiums to keep my life insurance active and subsequently retire without returning to work, I will not be eligible for life insurance during retirement.

Employee Signature

Date Signed

OFFICE USE ONLY

Accepted by: _____

Date: _____

BASIC AND OPTIONAL GROUP TERM LIFE INSURANCE DIRECT REMITTANCE FORM INSTRUCTIONS

Agency Instructions:

1. Prepare original invoice and mail to LWOP employee along with cover letter.
2. The original invoice must be signed and returned with the employee's payment.
3. Mark the signed original invoice "PAID – Check #9999" and make two copies.
4. Attach the signed original invoice to the premium payment, and route through your Payroll Office, who will submit to the Office of Employee Benefits.
5. One copy is to be kept on file in your Agency.
6. The other copy is to be returned to employee along with next invoice.

Employee Instructions:

1. Advanced payment of your premium is required during any Leave Without Pay (LWOP) absence in order to retain coverage.
2. Make your check payable to the R.I. General Treasurer. Send your check and this completed form to your own agency Payroll Office.
3. Amount of Premium Due: The **FULL** bi-weekly premium is due regardless of the number of days you are LWOP because coverage extends until the end of the payroll period.
4. You are responsible for making timely payments for your life insurance policy while out on leave. If you do not make your payments, your coverage will lapse and you will not be able to obtain the benefit provided by your life insurance policy if you need it. If you have not paid the premiums to keep your life insurance active and subsequently retire without returning to work, you will not be eligible for life insurance during retirement.
5. You will not receive another life insurance premium invoice unless you remit this current premium payment.